



Village of  
**BROOKFIELD**  
Illinois

# 4<sup>th</sup> of July Parade Application

**APPLICATION DEADLINE: JUNE 17, 2019**

*Applications received after this date will be accepted or declined at the discretion of the Recreation Department & pending event capacity. **PARADE START TIME IS 10AM***

**CATEGORIES (choose only one that best fits your entry):**

- ☐ **ADULT ORGANIZATION:** Civic, Religious, Political & Fraternal organizations members 18 and up
- ☐ **YOUTH ORGANIZATION:** Civic, Religious, Political & Fraternal organizations w/majority of members under 18
- ☐ **BUSINESS:** This category covers all businesses
- ☐ **INDIVIDUAL:** Children or adults not with an organized group. Vehicle models 1992 –Current
- ☐ **INDIVIDUAL, ANTIQUE AUTOS:** Vehicles models before 1992
- ☐ **PERFORMING GROUP:** Two or more individuals – children or adults. Includes bands, drill teams, dancers

Entry Name (if organization, please include org. name):	
Contact Person (First, Last)	Contact Phone Number:
Address	Email
City/State/Zip	
Day of/Additional Contact Person:	Day Of/Additional Contact Cell #:

Please tell us the number of items for your parade entry (indicate all that apply) \*see pg. 3 for additional requirements:

<b>Vehicles &amp; Type</b> #:	<b>Vehicle w/ Trailer</b> #:	<b>Large Rigs and/or Floats</b> #:
<b>Bicycles</b> #:	<b>Motorcycles</b> #:	<b>Walkers</b> #:
<b>Horses</b> #	<b>Other</b> Please Specify	

**IMPORTANT...** Please include a brief (no more than 2-4 sentences) description to be read by parade official:

By signing below, I certify that my entry will not include more vehicles than stated above. I understand that throwing candy or other objects at any point during the parade is strictly prohibited. I understand I must turn in all requested documentation by the application deadline to participate in the parade. I acknowledge that failure to comply with any and all regulations may result in my entry being removed or being barred from participating in the Village of Brookfield Independence Day Parade in future years.

\_\_\_\_\_  
Signature of parade entry representative

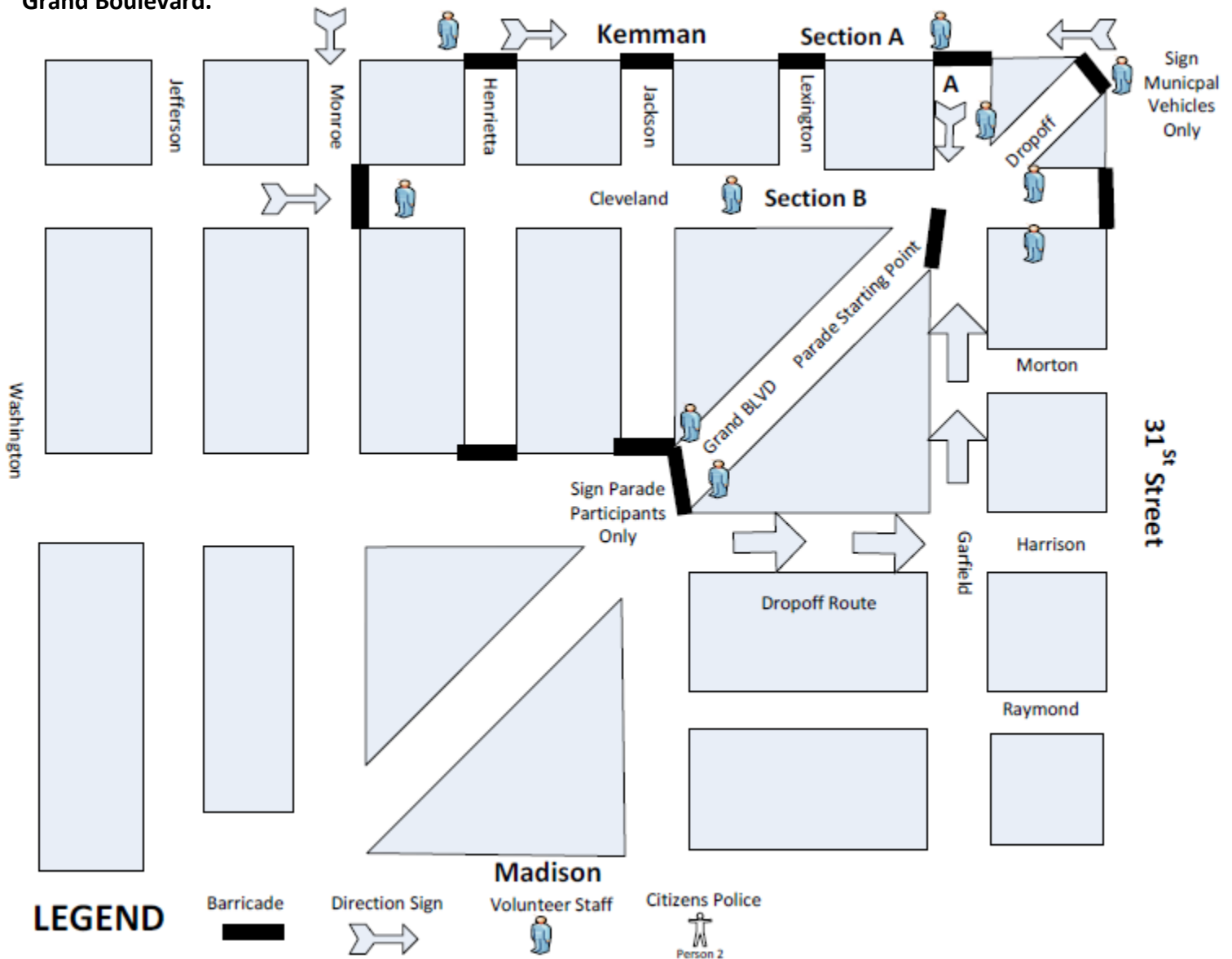
\_\_\_\_\_  
Date

**RETURN COMPLETED APPLICATIONS to Stevie Ferrari C/O Brookfield Parks and Recreation Department**  
 8820 Brookfield Ave. Brookfield, IL 60513 OR Via Email: Sferrari@brookfieldil.gov Questions? Call: 708-485-1527

## ADDITIONAL INFORMATION

All approved applicants will be assigned a parade section the week prior to the event on July 4th. Once your parade section is received, please ensure you follow the below directions and use the map as a reference to your check-in location.

**General parade assembly will start at 8:30a.m. Parade will step off at 10 a.m. SHARP from Garfield and Grand Boulevard.**



Area for assembly is the intersection of Grand Boulevard, Cleveland Avenue and Garfield Avenue, which is south of 31<sup>st</sup> Street. (Parade staff shall be there to direct you). For vehicles dropping off participants the only entry point will be the intersection of Grand Avenue, Jackson Avenue, and Harrison Avenue. There will be parade staff to allow you entry. Once into the parade area continue on Grand Ave at which point the parade staff will direct you to the drop-off point. After drop-off vehicles must immediately leave parade area. There will be signs noting locations.

Following these specific directions will keep everything running very smoothly. Passengers may have to walk a short distance to their assigned area, but we must keep the buses and non-parade vehicles out of the line-up area.

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SECTION A will line up on Garfield Avenue and Kemman Avenue, West of Grand Boulevard.

SECTION B will line up on Cleveland Avenue, south of Grand Boulevard.

If any additional information is needed, please call the Recreation Office at 708-485-1527

**NOTE: TO EASE LINE UP OF CARS, FLOATS, OR ANY OTHER VEHICLE THAT CANNOT BE EASILY MANEUVERED OR TURNED AROUND – DO NOT ENTER ON GRAND AVE PLEASE USE THE FOLLOWING AREAS:**

**SECTION A:** Take Maple Avenue (Maple Avenue is 2 blocks East of Madison Avenue) south to Garfield Avenue, and go west on Garfield to your position. Parade staff will show you your lineup location. There will be signs noting areas.

**SECTION B:** Take Kemman Avenue to Monroe Turn east on Monroe to Cleveland and go North Parade staff will show you your lineup positions.

### **Additional paperwork requirements:**

The following table is a guide to ensure you have all required documents turned in for parade participation. Additional forms are required for each parade item listed on the application form. Applicants who have not turned in additional required documentation will be denied parade entry on the day of the event. There may be an entry item not listed below. The parks and recreation office will call the contact listed on the application for additional information.

<b>Parade Entry Item</b>	<b>Certificate of Insurance (example: see Exhibit A) *General &amp; Auto liability*</b>	<b>Waiver of Liability Hold Harmless waiver individual (example: see Exhibit B)</b>	<b>Waiver of Liability Hold Harmless Organization (example: see Exhibit C)</b>	<b>Additional Insured Form (example: see Exhibit D)</b>	<b>Proof of Vehicle insurance</b>
<b>Vehicle</b>		X	<b>THIS WAIVER APPLIES TO ALL ORGANIZATIONS AND BUSINESSES ONLY</b>		X
<b>Vehicle w/ trailer</b>	X	X			X
<b>Large Rigs/trucks and/or Floats</b>	X	X		X	X
<b>Motorcycles</b>		X			X
<b>Bicycles</b>		X			
<b>walkers</b>		X			
<b>Horses and/or horses w/ carriage</b>	X	X		X	X*proof of Carriage insurance

**\*ALL PERSONS** participating in the parade must sign a hold harmless waiver individual (minors participating must have a signed waiver by legal guardian).

**\*Applicants who have a designated category of “Business|Organization” must complete a Hold Harmless waiver for ORGANIZATIONS AND provide a certificate of insurance to the Village of Brookfield (forms in Exhibits A & C)**

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**Exhibit A: Highlighted items are required**

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) Issue Date	
<p><b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</b></p> <p><b>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</b></p>					
<b>PRODUCER</b>  Name of Insurance Broker		<b>CONTACT INFO:</b> Producer/Ins. Broker Contact Info. Name: _____ Title: _____ Phone: _____ Fax: _____ E-Mail: _____			
<b>INSURED</b>  Name of Individual, Corporation, or Organization		<b>INSURANCE AFFORDING COVERAGE</b> INSURER A: Name of Insurance Company INSURER B: Name of Insurance Company INSURER C: INSURER D: INSURER E:		Policy # Completed Completed      	
<div style="display: flex; justify-content: space-between;"> <span><b>COVERAGES</b></span> <span><b>CERTIFICATE NUMBER:</b></span> <span><b>REVISION NUMBER:</b></span> </div>					
<p><b>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. UNITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</b></p>					
POLICY NO.	TYPE OF INSURANCE	POLICY PERIOD (MM/DD/YYYY)	POLICY PERIOD (MM/DD/YYYY)	POLICY PERIOD (MM/DD/YYYY)	UNITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Policy Number Inserted Start Date End Date	EACH OCCURRENCE AGGREGATE PRODUCTS - COMBINED \$ 1,000,000 \$ 50,000 \$ 5,000
	<input checked="" type="checkbox"/> AUTO <input type="checkbox"/> AUTO <input type="checkbox"/> AUTO				EACH OCCURRENCE AGGREGATE PRODUCTS - COMBINED \$ 1,000,000 \$ 1,000,000 \$ 1,000,000
	<input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS LIABILITY <input type="checkbox"/> PRODUCT LIABILITY <input type="checkbox"/> PERSONAL AND ADULTERY <input type="checkbox"/> GENERAL AGGREGATE <input type="checkbox"/> PRODUCTS - COMBINED				EACH OCCURRENCE AGGREGATE PRODUCTS - COMBINED \$ 1,000,000 \$ 1,000,000 \$ 1,000,000
	<input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS LIABILITY <input type="checkbox"/> PRODUCT LIABILITY <input type="checkbox"/> PERSONAL AND ADULTERY <input type="checkbox"/> GENERAL AGGREGATE <input type="checkbox"/> PRODUCTS - COMBINED				EACH OCCURRENCE AGGREGATE PRODUCTS - COMBINED \$ 1,000,000 \$ 1,000,000 \$ 1,000,000
<p><b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, Where space is required)</b>                  Location, location, and description.                  Additional insured: Village of Brookfield, its officials, employees, agents, and volunteers.                  No additional endorsement is limit coverage to additional insured beyond terms of actual add'l insured endorsement (CG 2010 or CG 2026). Coverage to additional insured is primary.                  Village of Brookfield named as cancellation notice recipient.</p>					
<b>CERTIFICATE HOLDER</b>  Village of Brookfield 8620 Brookfield Ave. Brookfield, IL 60513			<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Signature of authorized insurance company representative		

ACORD 25 (2010/05)

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**WAIVER OF LIABILITY  
HOLD HARMLESS AGREEMENT  
ADULT AND/OR MINOR**

Description of Activity:

**Village of Brookfield Independence Day Parade and Activities**

Please read this form carefully and be aware in signing up and registering yourself and/or your minor child/ward for participation in the above described Activity and any activities associated therewith you will be waiving your rights to all claims for injuries you might sustain arising out of this Activity; and you will be indemnifying, holding harmless and defending the **Village of Brookfield** for any claims arising out of the participation of your minor child/ward in the Activity.

In consideration of myself and/or my minor child/ward under 18 years of age being allowed to participate in the Activity, I recognize and acknowledge that there are certain risks of physical injury associated with the Activity. I agree to assume the full risk of injuries that I or my minor child/ward may sustain, as a result of participating in the Activity and all activities connected or associated therewith. **I agree to indemnify, hold harmless and defend the Village of Brookfield for any and all claims injuries, damage or loss on behalf of myself and/or my minor child/ward may have against the Village of Brookfield as a result of my participation and/or my minor child/ward's participation in the Activity.**

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

I have read and fully understand the above Waiver and Release of all claims.

\_\_\_\_\_  
Name(s) of Minor

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Nothing set forth in this Agreement shall be deemed a waiver by the Village/City of any defenses or immunities relating to any person or entity or their property, that are or would be otherwise available to the Village/City or its Representatives under the provisions of the Illinois Local Government and Governmental Employees Tort Immunity Act, or that are otherwise available to local governments and their corporate authorities, officers, employees, agents and volunteers under the common law of the State of Illinois or the United States of America.

## WAIVER AND HOLD HARMLESS AGREEMENT FOR ORGANIZATION

In consideration of the \_\_\_\_\_ (name of your organization) and its Members, employees, volunteers or guests, being allow to participate in **Independence Day Parade & Activities** , the undersigned hereby recognizes, acknowledges and assumes any and all risk pertaining to the \_\_\_\_\_ (name of your organization) participation in the Activity.

To the fullest extent permitted by law, the \_\_\_\_\_ (name of your organization) hereby agrees to defend, indemnify and hold harmless **the Village of Brookfield**, its officials, agents and employees, against all injuries, deaths, loss, damages, claims, suits, liabilities, judgments, cost and expenses (including attorneys fees), which may in anywise accrue against the **Village of Brookfield**, its officials, agents and employees, arising in consequence of the \_\_\_\_\_ (name of your organization) participation in the Activity, or which may in anywise result therefore, except that arising out of the sole legal cause of the **Village of Brookfield**, its agents or employees. The \_\_\_\_\_ (name of your organization) shall, at its own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising therefore or incurred in connections therewith, and, if any judgment shall be rendered against the **Village of Brookfield**, its officials, agents and employees, in any such action, the \_\_\_\_\_ (name of your organization) at its own expense, satisfy and discharge the same.

The undersigned shall provide the **Village of Brookfield** a certificate of insurance reflecting coverage for general liability coverage in satisfactory amounts. The **Village of Brookfield**, its officials, agents, employees and volunteers are to be covered as additional insured as respects the \_\_\_\_\_ (name of your organization) participation in the Activity.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

The undersigned represents it has full authority to execute this Waiver and Hold Harmless Agreement on behalf of the \_\_\_\_\_ (name of your organization).

Agreed this \_\_\_\_\_ day of \_\_\_\_\_, 2019

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Title

Nothing set forth in this Agreement shall be deemed a waiver by the Village/City of any defenses or immunities relating to any person or entity or their property, that are or would be otherwise available to the Village/City or its Representatives under the provisions of the Illinois Local Government and Governmental Employees Tort Immunity Act, or that are otherwise available to local governments and their corporate authorities, officers, employees, agents and volunteers under the common law of the State of Illinois or the United States of America.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)
<p>The Village of Brookfield            Its officials, employees, agents, and volunteers            8820 Brookfield Ave.            Brookfield, IL 60513</p>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II -- Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.